

MISSISSIPPI DEPARTMENT OF AGRICULTURE AND COMMERCE
Meat Inspection Division, P.O. Box 1609, Jackson, MS 39215-1609
(601) 359-1191 Dr. Richard Benton, Director richardb@mdac.ms.gov

APPLICATION for REGISTRATION under Poultry Exemptions provided by Miss. Code Ann. §75-33-3(4)

1. Company Name _____
2. Mailing address including zip code _____
3. Telephone _____ Email _____
4. Company website _____
5. Name of Owner(s) _____
6. Mailing address including zip code _____
7. Telephone home _____ cellular _____
8. Location of any establishment and facilities used in connection with this business.

9. Location of any records produced by this business that are needed to verify compliance with
poultry exemption. _____
10. What months do you plan to produce exempted poultry _____?
11. Estimated number of poultry slaughtered annually:
Chickens _____ turkeys _____ quail _____ other _____
12. Do you plan to home deliver? _____ If yes, list addresses on separate sheet.
13. Do you have a refrigerated vehicle approved for home delivery? _____

Enclose recent photographs of slaughter and processing site(s) and copies of label(s).

I, the undersigned, do hereby state on oath that the facts set forth in the foregoing application are true and correct.

Signed _____ date _____

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